

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

CDHS/IHO has established Standards of Participation (SOP) to set forth minimum qualifications for providers of NF/AH Waiver services. The NF/AH waiver utilizes qualified licensed and unlicensed providers to increase participant choice and access to waiver services.

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List of SOPs:

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Note:

Any subsequently adopted laws or regulations that exceed the NF/AH Waiver service provider participation requirements shall supersede the NF/AH Waiver service provider requirements and shall be applicable to all NF/AH Waiver service providers. Any changes to these Standards of Participation in response to legislative or regulatory actions will require amendment of the HCBS NF/AH Waiver and CMS approval.

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

NF/AH Waiver Registered Nurse (RN) or Licensed Vocational Nurse (LVN)

Under the HCBS NF/AH Waiver, the role of the NF/AH Waiver Nurse Provider is to provide:

- Case Management (CM) – NF/AH Waiver RN only
- Community Transition Service (CTS) - NF/AH Waiver RN only
- Environmental Adaptations (EAA) – NF/AH Waiver RN only
- Family Training – NF/AH Waiver RN only
- Habilitation Services (HS) – NF/AH Waiver RN only
- Medical Equipment Operating Expenses (MEOE) - NF/AH Waiver RN only
- Private Duty Nursing (PDN) – NF/AH Waiver RN and LVN
- Respite Care – NF/AH Waiver RN and LVN
- Transitional Case Management (TCM) – NF/AH Waiver RN only
- Waiver Service Coordination (WSC) – NF/AH Waiver RN only

1. Definitions:

- a. “NF/AH Waiver Nurse Provider ” means a Registered Nurse or a Licensed Vocational Nurse (LVN), who provides NF/AH Waiver RN or LVN services, as defined in subsection A.2, below, and, in this capacity, is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

A NF/AH Waiver RN or LVN may be a parent, stepparent, foster parent of a minor, a spouse, or legal guardian of the individual only under the following circumstances: there are no other available providers, the individual lives in a rural area or the cost neutrality for waiver services can be established and/or maintained by only using this individual. The California Department of Health Services/In-Home Operations (CDHS/IHO) may require additional documentation to support requests of this nature. Documentation required before CDHS/IHO can authorize such request, is a written explanation of the attempts made to enlist and retain a NF/AH Waiver Nurse Provider, such as a posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not hired or refused employment, if offered.

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- b. "NF/AH Waiver RN or LVN services" means private duty nursing services, as described the in NF/AH Waiver in Appendix C (Participant Services), provided to a waiver participant in his/her home or place of residence by an NF/AH Waiver RN or LVN, as defined in subsection A.1, above, within his/her scope of practice. Such services shall not include nursing services provided in a licensed health facility.
- c. "Private duty nursing services" means services provided by a Registered Nurse or a Licensed Vocational Nurse, which are more individual and continuous than those routinely available through a home health agency as in part-time or intermittent care on a limited basis.
- d. "Medi-Cal Consultant" means either a Registered Nurse or Physician, who is licensed to practice in the State and is an employee of CDHS/IHO.
- e. "Education and/or training requirements" means any type of formal instruction related to the care needs of the individual for whom services are being requested. Examples of this could include certifications in a particular field, appropriate to the licensure status of the nurse; or continuing education units in the needs of the waiver participant such as wound or pain management.
- f. "Evaluation of theoretical knowledge and manual skills" means an assessment conducted by the registered nurse (RN) of the licensed vocational nurse (LVN) in which the LVN is able to demonstrate competency in the provision of skilled nursing services. Examples of this could include having the LVN verbalize requirements for a certain procedure or process; having the RN review a certain task, demonstrate the task and then observing the LVN perform the tasks as prescribed on the POT. This evaluation would need to be documented and provided to CDHS/IHO for review.

Requirements of the NF/AH Waiver RN:

- 1. Registered Nurse (RN) acting as the direct care provider:
 - a. The initial Treatment Authorization Request (TAR) shall be accompanied by all of the following documentation:
 - i. Current license to practice as an RN in the State of California.
 - ii. Current Basic Life Support (BLS) certification.

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- iii. Written evidence, in a format acceptable to CDHS/IHO, of training or experience, which shall include at least one of the following:
 - A. A minimum of 1000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) specified on the TAR and POT. At least 500 of the 1000 hours shall be in a hospital medical-surgical unit.
 - B. A minimum of 2000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) specified on the TAR and POT.
 - C. A minimum of 2000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) specified on the TAR and POT.
 - D. A minimum of 2000 hours of experience in the previous five years in an area not listed above, that in the opinion of CDHS/IHO, would demonstrate appropriate knowledge, skill and ability in caring for individuals with the care needs specified on the TAR and POT.
- iv. A detailed POT that reflects an appropriate nursing assessment of the waiver participant, interventions, and the physician's orders.
 - A. The appropriateness of the nursing assessment and interventions shall be determined by the Medi-Cal consultant based upon the waiver participant's medical condition and care need(s).
 - B. The POT shall be signed by the waiver participant, the RN, and the waiver participant's physician, and shall contain the dates of service.
- v. Signed release form from the waiver participant's physician, which shall specify both of the following:
 - A. The physician has knowledge that the RN providing care to the waiver participant is doing so without the affiliation of a home health agency or other licensed health care agency of record.
 - B. The physician is willing to accept responsibility for the care rendered to the waiver participant.

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- vi. Written home safety evaluation, in a format acceptable to CDHS/IHO that demonstrates that the waiver participant's home environment supports the health and safety of the individual. This documentation shall include all of the following:
 - A. The area where the waiver participant will be cared for will accommodate the use, maintenance, and cleaning of all medical devices, equipment, and supplies necessary to maintain the individual in the home in comfort and safety, and to facilitate the nursing care required.
 - B. Primary and back-up utility, communication, and fire safety systems and devices are installed and available in working order, which shall include grounded electrical outlets, smoke detectors, fire extinguisher, telephone, and notification of utility, emergency, and rescue systems that a person with special needs resides in the home.
 - C. The home complies with local fire, safety, building, and zoning ordinances, and the number of persons residing in the home does not exceed that permitted by such ordinances.
 - D. All medical equipment, supplies, primary and back-up systems, and other services and supports, identified in the POT, are in place and available in working order, or have been ordered and will be in place at the time the waiver participant is placed in the home.
- vii. Medical information that supports the request for the services. May include a history and physical completed by the waiver participant's physician within the previous three months for an individual under the age of 21 and within the previous six months for an individual 21 years of age or older. If the last history and physical was completed outside of the respective timeframes, the history and physical shall be accompanied by documentation of the most recent office visit which shall contain a detailed summary of medical findings that includes a body systems examination.
- b. All subsequent reauthorization TARs shall be accompanied by all of the following documentation, as specified:
 - i. Evidence of renewal of BLS certification and RN licensure prior to expiration.
 - ii. Written evidence, in a format acceptable to CDHS/IHO, of on-going education or training caring for the type of individual for whom services are being requested, at least once per calendar year.

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- iii. Written evidence, in a format acceptable to CDHS/IHO, of on-going contact with the waiver participant's physician for the purpose of informing the physician of the individual's progress, updating, or revising of the POT, and renewal of physician orders.
 - iv. Updated POT that reflects ongoing nursing assessment and interventions, and updated physician orders. The updated POT shall be signed by the waiver participant's physician, the RN, the waiver participant and will contain the dates of service.
- 2. RN case manager, waiver service coordinator, transitional case manager, and/or supervisor acting as the supervisor for a NF/AH Waiver LVN who is a Licensed Vocational Nurse (LVN):
 - a. The initial TAR shall be accompanied by all of the following documentation:
 - i. Current license to practice as an RN in the State of California.
 - ii. Current BLS certification.
 - iii. Written evidence, in a format acceptable to CDHS/IHO, of training or experience, as specified in section B, subsection 1(a)(iii) "requirements of the NF/AH Waiver LVN", above.
 - iv. Written evidence, in a format acceptable to CDHS/IHO, of training or experience providing case management, service coordination, and/or supervision or delegating nursing care tasks to an LVN or other subordinate staff.
 - v. Detailed POT, as specified in section B, subsection 1(a)(iv) "requirements of the NF/AH Waiver LVN", above.
 - vi. Written summary, in a format acceptable to CDHS/IHO, of nursing care tasks that have been delegated to the LVN.
 - b. All subsequent reauthorization TARs shall be accompanied by all of the following documentation, as specified:
 - i. Evidence of renewal of BLS certification and RN licensing prior to expiration.
 - ii. Written summary, in a format acceptable to CDHS/IHO, of all case management, service coordination and/or supervisory activities which shall include all of the following:
 - A. Evaluation of the LVN's theoretical knowledge and manual skills needed to care for the individual for whom services have been requested.

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- B. The training provided to the LVN, as needed, to ensure appropriate care to the waiver participant for whom services have been requested.
- C. Monitoring of the care rendered by the LVN, which shall include validation of post-training performance.
- D. Any change in the nursing care tasks delegated to the LVN.
- E. Evaluation of the case management and/or waiver coordination activities provided.
- iii. Written evidence of ongoing contact with the waiver participant's physician, as specified in section B., subsection 1(b)(iii), "requirements of the NF/AH Waiver RN", above.
- iv. Updated POT, as specified in section B, subsection 1(b)(iv), "requirements of the NF/AH Waiver RN", above.

LVN acting as the direct care provider:

1. The initial TAR shall be accompanied by all of the following documentation:
 - a. Current license to practice as an LVN in the State of California.
 - b. Current BLS certification.
 - c. Name and RN license number of the individual who will be providing ongoing supervision. Such supervision shall be required at a minimum of two hours per calendar month.
 - d. Written evidence, in a format acceptable to CDHS/IHO, of training or experience, as specified in section B, subsection 1(a)(iii), "requirements of the NF/AH Waiver LVN", above.
 - e. Copy of the detailed POT that reflects the RN nursing assessment of the waiver participant and the physician's orders. The POT shall be signed by the supervising RN, the waiver participant's physician, the waiver participant, and the LVN.
 - f. Written home safety evaluation, in a format acceptable to CDHS/IHO, as specified in section B, subsection 1(a)(vi), "requirements of the NF/AH Waiver LVN", above.
 - g. Medical information, as specified in section B., subsection 1(a)(vii), "requirements of the "NF/AH Waiver LVN provider", above.

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2. All subsequent reauthorization TARs shall be accompanied by all of the following documentation, as specified:
 - a. Evidence of renewal of BLS certification and LVN licensure prior to expiration.
 - b. Written evidence, in a format acceptable to CDHS/IHO, of on-going education or training caring for the type of individual for whom services are being requested, at least once per calendar year.
 - c. Copy of the updated POT that reflects the ongoing RN nursing assessment and updated physician orders. The POT shall be signed by the supervising RN, the waiver participant's physician, the waiver participant, and the LVN, and shall contain the dates of service.
3. A TAR or similar request must be approved in advance by CDHS/IHO and shall be required for each NF/AH Waiver LVN service request. Initial authorization shall be granted for a period of up to 90 days, and reauthorization shall be granted for periods of up to 180 days.
4. The NF/AH Waiver LVN shall agree to notify CDHS/IHO and the waiver participant or his/her legal guardian, in writing, at least thirty (30) days prior to the effective date of termination when the NF/AH Waiver LVN intends to terminate home and community-based services Waiver, LVN services. This time period may be less than thirty (30) days if there are immediate issues of health and safety for either the nurse or the waiver participant, as determined by the CDHS/IHO.

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Standards of Participation

Marriage and Family Therapist (MFT)

A Marriage and Family Therapist (MFT) is an individual who is enrolled and provides services under the NF/AH Waiver and who meets and maintains the SOP minimal qualifications for a MFT. Under the NF/AH Waiver, the role of a MFT as a NF/AH Waiver Service Provider is to provide:

- Case Management (CM)
- Community Transition Service (CTS)
- Environmental Accessibility Adaptations (EAA)
- Habilitation Services (HS)
- Medical Equipment Operating Expenses (MEOE)
- Transitional Case Management (TCM)
- Waiver Service Coordination (WSC)

A MFT who functions as a NF/AH Waiver Service Provider shall:

1. Have and maintain a current, unsuspended, un-revoked license to practice as a MFT in the State of California.
2. Have work experience that includes, at least a minimum of 1000 hours experience in providing case management services to the elderly and/or persons with disabilities living in the community.
3. The MFT must provide and maintain adequate documentation of the minimum hours of work experience for inspection and review by IHO.
4. Provide case management or waiver service coordination services consistent with the physician's orders and the POT as authorized by IHO and within the MFT's scope of practice as follows:
 - a. Develop the POT consistent with the assessment of the waiver participant and the physician's orders for care. Collaborate with the waiver participant's physician in the development of the POT to ensure the waiver participant's medical care needs are addressed. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services and the expected outcomes.
 - b. Within the MFT's scope of practice, facilitate the process of assessing the waiver participant at the frequency described in the POT for progress and response to the POT. Inform the physician of the waiver participant's status and update or revise the POT as directed by the physician to reflect the medical needs of the waiver participant, as determined by the physician. Assist the waiver participant in accessing medical care services that are beyond the MFT's scope of practice. The POT is updated and signed by the physician no less frequently than once every six months.

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Licensed Psychologist

A Licensed Psychologist is an individual who is enrolled and provides services under the NF/AH Waiver and who meets and maintains the SOP minimal qualifications for a Licensed Psychologist. Under the NF/AH Waiver, the role of a Licensed Psychologist as a NF/AH Waiver Service Provider is to provide:

- Case Management (CM)
- Community Transition Service (CTS)
- Environmental Accessibility Adaptations (EAA)
- Habilitation Services (HS)
- Medical Equipment Operating Expenses (MEOE)
- Transitional Case Management (TCM)
- Waiver Service Coordination (WSC)

A Licensed Psychologist who functions as an NF/AH Waiver Service Provider shall:

1. Have and maintain a current, unsuspended, un-revoked license to practice as a Licensed Psychologist in the State of California.
2. Have work experience that includes, at least a minimum of 1000 hours of experience in providing case management services to the elderly and/or persons with disabilities living in the community.
3. The Licensed Psychologist must provide and maintain adequate documentation of the minimum hours of work experience for inspection and review by IHO.
4. Provide case management or waiver service coordination services within the scope of practice of a Licensed Psychologist consistent with the physician's orders and the POT as authorized by IHO as follows:
 - a. Develop the POT consistent with the assessment of the waiver participant and the physician's orders for care. Collaborate with the waiver participant's physician in the development of the POT to ensure the waiver participant's medical care needs are addressed. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services and the expected outcomes.
 - b. Facilitate the process of assessing the waiver participant at the frequency described in the POT for progress and response to the POT. Inform the physician of the waiver participant's status and update or revise the POT as directed by the physician to reflect the medical needs of the waiver participant, as determined by the physician. Assist the waiver participant in accessing medical care services that are beyond the Licensed Psychologist's scope of practice. The POT must be updated and signed by the physician no less frequently than once every six months.

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Professional Corporation

A Professional Corporation is a provider that employs individuals who provide services authorized under the NF/AH Waiver and is enrolled as an NF/AH Waiver Professional Corporation provider in the NF/AH Waiver, and meets and maintains the SOP minimal qualifications for a Professional Corporation. Under the NF/AH Waiver, the role of the Professional Corporation is to permit its licensed employees within the scope of their practice to provide:

- Case Management (CM)
 - Community Transition Service (CTS)
 - Environmental Accessibility Adaptations (EAA)
 - Habilitation Services (HS)
 - Medical Equipment Operating Expenses (MEOE)
 - Transitional Case Management (TCM)
 - Waiver Service Coordination (WSC)
1. The following are the licensed persons permitted to provide the above listed services as Professional Corporations to waiver participants under the terms of the NF/AH Waiver:
 - a. Licensed Psychologists (See Business and Professions Code section 2900, et seq.) operating a Professional Corporation pursuant to Corporations Code section 13400, et seq.;
 - b. Licensed Clinical Social Workers (LCSW) (See Business and Professions Code section 4996, et seq.); operating a Professional Corporation pursuant to Corporations Code section 13400, et seq., and
 - c. Marriage and Family Therapists (MFT) (See Business and Professions Code section 4980, et seq.) operating as a Professional Corporation pursuant to Corporations Code section 13400, et seq.
 2. A Professional Corporation who functions as a NF/AH Waiver Service Provider shall:
 - a. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to Corporations Code section 13400, et seq., or if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation. Good standing of a domestic or foreign professional corporation must be maintained as long as the professional corporation is enrolled as an NF/AH Waiver provider. All Professional Corporations enrolling as NF/AH Waiver providers must provide a Certificate of Status of good standing to do business in the State of California (available from the Secretary of State's Office) upon enrollment and provide a current certificate of

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Standards of Participation

Professional Corporation cont.

registration (pursuant to Corporations Code section 13401(b)) provided by the governmental agency regulating the profession. Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the certificate of registration. (Corporations Code section 13401(a)).

- b. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California.
- c. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:
 - i. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by IHO. The professional corporation must notify IHO in writing of any change in licensure status of its licensed employees within 30 days of the change of licensure status.
 - ii. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1000 hours of experience in providing case management services to the elderly and/or persons with disabilities living in the community.

The Professional Corporation must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by IHO.

- d. Provide case management or waiver service coordination services consistent with the physician's orders and the POT within the scope of the licensed person's scope of practice as follows:
 - i. Develop the POT consistent with the assessment of the waiver participant and the physician's orders for care. Collaborate with the waiver participant's physician in the development of the POT to ensure the waiver participant's medical care needs are addressed. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services, and the expected outcomes; and

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Professional Corporation cont.

- ii. Facilitate the process of assessing the waiver participant at the frequency described in the POT for progress and response to the POT. Inform the physician of the waiver participant's status and update or revise the POT as directed by the physician to reflect the medical needs of the waiver participant, as determined by the physician. Assist the waiver participant in accessing medical care services that are beyond the licensed person's scope of practice. The POT must be updated and signed by the physician no less frequently than once every six months.

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Licensed Clinical Social Worker

A Licensed Clinical Social Worker (LCSW) is an individual who is enrolled and provides services under the NF/AH Waiver and who meets and maintains the SOP minimal qualifications for a LCSW. Under the NF/AH Waiver the role of a LCSW as a NF/AH Waiver Service Provider is to provide:

- Case Management (CM)
- Community Transition Service (CTS)
- Environmental Accessibility Adaptations (EAA)
- Habilitation Services (HS)
- Medical Equipment Operating Expenses (MEOE)
- Transitional Case Management (TCM)
- Waiver Service Coordination (WSC)

A LCSW who functions as an NF/AH Waiver Service Provider shall:

1. Have and maintain a current, unsuspended, un-revoked license to practice as a LCSW in the State of California.
2. Have work experience that includes, at least, a minimum of 1000 hours of providing case management services to the elderly and/or persons with disabilities living in the community.
3. The Licensed Clinical Social Worker must provide and maintain adequate documentation of the minimum hours of work experience for inspection and review by IHO.
4. Provide case management, waiver service coordination, or transitional case management services within the scope of practice of a LCSW consistent with the physician's orders and the POT as authorized by IHO, as follows:
 - a. Develop the POT consistent with the assessment of the beneficiary and the physician's orders for care. Collaborate with the beneficiary's physician in the development of the POT to ensure the beneficiary's medical care needs are addressed. The POT will identify all of the services rendered to meet the needs of the beneficiary, the providers of those services and the expected outcomes.
 - b. Facilitate the process of assessing the beneficiary at the frequency described in the POT for progress and response to the POT. Inform the physician of the beneficiary's status and update or revise the POT as directed by the physician to reflect the medical needs of the beneficiary, as determined by the physician. Assist the beneficiary in accessing medical care services that are beyond the LCSW's scope of practice. The POT is updated and signed by the physician no less frequently than once every six months.

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Non-Profit Organization

A Non-Profit Organization is a California service entity organized and operated under the United States Internal Revenue Code Section 501(c)(3), and provides services to the elderly and persons with disabilities meeting the eligibility criteria for enrollment in the NF/AH Waiver program. A Non-Profit Organization meeting the NF/AH Waiver SOP and Medi-Cal Provider requirements may provide NF/AH Waiver services utilizing licensed professionals, qualified unlicensed professional staff, and/or qualified professionally supervised unlicensed staff.

A Non-Profit Organization may provide the following NF/AH Waiver services:

- Case Management (CM)
- Community Transition Services (CTS)
- Environmental Accessibility Adaptations (EEA)
- Habilitation Services (HS)
- Medical Equipment Operating Expenses (MEOE)
- Personal Emergency Response Systems (PERS)
- Transitional Case Management (TCM)
- Waiver Service Coordination (WSC)

Minimum qualifications for a Non-Profit Organization functioning as a NF/AH Waiver Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program possesses a Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community.
2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.
3. Has and maintains a current, unsuspended, unrevoked license to practice business in the State of California.
4. The Non-Profit Organization shall maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.
5. The Non-Profit Organization is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

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Non-Profit Organization cont.

6. The Non-Profit Organization is responsible for providing training and/or in-services to staff eligible to provide NF/AH Waiver services and at least annually reviews the NF/AH Waiver services requirements. Training of NF/AH Waiver service providers must be specific to the conditions and care of NF/AH Waiver participants served by the Non-Profit Organization.
7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved NF/AH Waiver.
8. The Non-Profit Organization is responsible for the maintenance of waiver participant case documentation and financial records which support the claims for waiver services for a minimum period of three years as required in Part 45, Code of Federal Regulations §74.53.
9. Employs licensed persons such as Licensed Clinical Social Worker (LCSW), License Psychologist, Marriage Family Therapist (MFT), and/or Licensed Gerontologist (LG) who will render waiver services to waiver participants as requested and authorized, and who meet the following criteria:
 1. Maintains a current, unsuspended, unrevoked license to practice within his/her scope of licensure in the State of California. The Non-Profit Organization must maintain records of licensing for inspection and review by IHO. The Non-Profit Organization must notify IHO in writing of any change in licensure status of its licensed employees within 30 days of the change of licensure status.
 2. Employs LCSW, License Psychologists, MFT, and/or LG who have documented work experience that includes, at least, a minimum of 1000 hours experience in providing CM, TCM, WSC, CTS, HS, EAA, PERS, and/or MEOE to the elderly and/or persons with disabilities living in the community.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by CDHS/IHO.

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Non-Profit Organization cont.

10. Employs qualified unlicensed professional providers to provide NF/AH CM, TCM, WSC, CTS, HS, EAA, PERS, and/or MEOE services to waiver participants as requested and authorized. The qualified unlicensed professional providers must meet the following criteria:
- a. An individual who has earned from an accredited college or university a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy or Gerontology and at least 1000 hours work experience providing the above listed services to the elderly and/or persons with disabilities living in the community.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed profession providers for inspection and review by IHO.

11. Employs qualified professionally supervised unlicensed providers who are supervised by an individual with a Baccalaureate degree or higher with 1000 hours experience in providing supervision to providers of services to the elderly and/or persons with disabilities living in the community. The unlicensed providers must meet the following criteria:
- a. An individual with at least an Associate of Arts degree from an accredited college or university and who has at least 1000 hours work experience in providing in providing services to the elderly and/or persons with disabilities living in the community. or
 - b. An individual who has two years of experience of providing services to the elderly and/or persons with disabilities living in the community, through an organization or agency.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed persons for inspection and review by IHO.

12. Provide CM, TCM, WSC, CTS and HS services consistent with the physician's orders and the NF/AH Waiver Plan of Treatment (POT) within the licensed provider's scope of practice and/or the qualified unlicensed professional's credentials and experience as follows:
- a. Develop the NF/AH Waiver POT consistent with the assessment of the participant and the physician's orders for care. Collaborate with the participant's physician in the development of the POT to ensure the participant's medical care needs are addressed. The POT will identify all of the services rendered to meet the needs of the participant, the providers of those services, and the expected outcomes; and

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Standards of Participation

Non-Profit Organization cont.

- b. Facilitate the process of assessing the participant at the frequency described in the POT for progress and response to the POT. Inform the physician and/or the case manager of the participant's status to update or revise the POT as directed by the physician to reflect the care needs of the participant. Assist the participant in accessing services that are beyond the licensed or unlicensed professional's scope of practice, credentialing, or experience. The POT must be updated and signed by the physician no less frequently than once every six months.

DRAFT

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

**Home and Community-Based Services Nursing Facility
(Congregate Living Health Facility)**

The NF/AH Waiver program provides services and support to eligible waiver participants who require institutional level of care and choose to receive their medical care services in a home or community setting. As a NF/AH Waiver Service Provider, a Congregate Living Health Facility (CLHF) will provide a home like setting for individuals enrolled in the NF/AH Waiver who chooses a CLHF as their place of residence. As a NF/AH Waiver Service Provider, the CLHF shall meet all applicable licensing standards and will be subject to these NF/AH Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the Centers for Medicare & Medicaid Services (CMS) approved waiver.

As a Medi-Cal NF/AH Waiver Service Provider, a CLHF waiver provider is a residential facility with a non-institutional, homelike environment, having no more than twelve beds and provides inpatient care that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care, pharmacy, dietary, social, recreational and services for waiver participants who meet the medical level of care criteria of the appropriate waiver and are persons whose medical condition(s) are within the scope of licensure for CLHFs as follows: persons who are mentally alert and physically disabled, persons who have a diagnosis of terminal illness, persons who have a diagnosis of a life-threatening illness or persons who are catastrophically and severely disabled. The primary need of CLHF residents shall be the availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis.

1. Legal Authority and Requirements.

CLHFs shall be licensed in accordance with Health & Safety Code sections 1250(i), 1267.12, and 1267.13, 1267.16, 1267.17, and 1267.19 and shall provide skilled nursing waiver services in accordance with California Code of Regulations (CCR) Title 22 sections 51003 and 51344 and the waiver document.

CLHFs must be enrolled as a Medi-Cal Waiver provider and shall meet the standards specified in the CCR, Title 22, sections 51200(a), 51000.30 through 51000.55.

Any subsequently adopted laws or regulations that exceed the CLHF waiver provider participation requirements shall supersede the CLHF waiver provider requirements and shall be applicable to all CLHF waiver providers.

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

Congregate Living Health Facility cont.

2. Physical Plant and Health and Safety Requirements.

To ensure the health and safety of the NF/AH Waiver participant the physical plant of the CLHF shall conform to the H&S Code section 1267.13, as described in part in the following:

- a. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.
- b. The facility shall be in a homelike, residential setting. The facility shall provide sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.
- c. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents in a homelike and communal manner.
- d. The residents' individual sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions. Not more than two residents shall share a bedroom.
- e. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene needs of each resident and the ability of the staff to render care without spatial limitations or compromise. No bathroom shall be accessed only through a resident's bedroom.
- f. The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times. All persons shall be protected from hazards throughout the premises.

3. CLHFs Providing NF/AH Waiver Services.

As a provider of NF/AH Waiver services, a CLHF shall employ a variety of providers and render services as indicated below. The individuals providing waiver services to NF/AH Waiver participants shall meet all licensing requirements as specified in California Business and Professions Code and all the standards of participation of the NF/AH Waiver. The primary category of service provided by a CLHF is nursing services, which must be available to NF/AH Waiver clients on a 24 hours, 7 days a week basis.

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

Congregate Living Health Facility cont.

4. Nursing Services.

Pursuant to H&S Code section 1267.13(o)(2)(B) and (o)(2)(C), CLHFs shall provide nursing services provided by a Registered Nurse (RN), Licensed Vocational Nurse (LVN), and a Certified Nurse Assistant (CNA) or equivalent unlicensed provider. There shall be a minimum of two staff members, as describe under a, b, and c awake, alert, and on duty at all times to provide for the residents of the CLHF. At no time can two CNAs or equivalent unlicensed providers be solely responsible for patients, as there must always be a RN or LVN present and “on duty”. No nursing personnel shall be assigned housekeeping or dietary duties, such as meal preparation.

a. Registered Nurse (RN).

- i. A RN will be available on-call to the facility with a response time of thirty minutes or less at all times that a RN is not on the premises.
- ii. The RN shall visit each resident for a minimum of two hours, twice a week, or longer as necessary to meet the resident’s patient care needs.

b. Licensed Vocational Nurse (LVN).

A LVN shall be in the facility and “on duty” at any time that a RN is not in the facility.

c. Certified Nurse Assistant (CNA) or equivalent unlicensed provider.

A CNA or persons with similar training and experience as determined by CDHS/IHO of Health Services (DHS) Licensing and Certification (L&C) may be available in the facility to assist the skilled nursing staff (RN and LVN) to meet the requirement of two staff members in the facility.

The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs.

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

Congregate Living Health Facility cont.

5. Other Health Related Services.

- a. In addition to the skilled nursing services and pursuant to H&S Code sections 1250(i) and 1267.13, CLHFs will provide or arrange for the following basic services to be provided to individuals enrolled in the NF/AH Waiver, as part of the per diem rate paid to CLHF waiver providers: .
 - Medical supervision.
 - Case Management.
 - Pharmacy consultation.
 - Dietary consultation.
 - Social Services.
 - Recreational services.
 - Transportation to and from medical appointments.
 - Housekeeping and laundry services.
 - Cooking and shopping.
- b. H&S Code section 1267.13(o)(3) states, “The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs.” In addition to nursing care, a facility shall provide professional, administrative, or supportive personnel for the health, safety, and special needs of the patients.
- c. Pursuant to H&S Code section 1267.12, “All persons admitted or accepted for care by the CLHF shall remain under the care of a physician and surgeon who shall see the resident at least every 30 calendar days or more frequently if required by the resident’s medical condition.”
- d. As a NF/AH Waiver service provider, each NF/AH Waiver enrolled individual will be assessed for needed or required services as identified by the individual, their legal representative, physician, family, caregivers, and/or other individuals at the request of the individual. The CLHF will establish a POT to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the CLHF’s per diem rate under this waiver. The CLHF will be responsible for arranging for the following services, which may include but are not limited to:
 - Counseling services provided by a Licensed Clinical Social Worker;
 - Occupational therapy provided by an Occupational Therapist;
 - Physical therapy provided by a Physical Therapist;

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

Congregate Living Health Facility cont.

- Speech therapy provided by a Speech Therapist;
- Education and training of the NF/AH Waiver individual to self-direct his/her care needs and/or the education and training of their identified caregiver (who a CLHF employs) and their care needs;
- Assessment for and repair of Durable Medical Equipment; and
- State Plan Personal Care Services or Home and Community Based Services Personal Care (HCBSPC) benefit as described in the approved NF/AH Waiver when off site from the CLHF if such care is not duplicative of care required to be provided to the waiver participant by the CLHF (i.e., not for care to and from medical appointments). State Plan or HCBSPC benefit providers will not be paid for care that is duplicative of the care being provided by the CLHF.

6. Documentation.

- a. All NF/AH Waiver services rendered by the CLHF shall require prior authorization and reauthorization in accordance with CCR Title 22, section 51003.
- b. A Treatment Authorization Request (TAR) shall be prepared by the CLHF and submitted to CDHS/IHO for each waiver participant residing in a CLHF that renders NF/AH Waiver services. The initial TAR for each
- c. waiver participant shall be accompanied by a RN developed assessment of care needs, home safety evaluation, and a Plan of Treatment (POT) signed by a physician. The initial TAR submitted by the CLHF shall include a copy of the current facility license. TARs submitted for reauthorization shall be accompanied by an updated physician signed POT and a renewed facility license as appropriate.
- d. Each CLHF NF/AH Waiver service provider shall maintain a medical record chart for each waiver participant in residence. This medical record shall include documentation regarding all contact made with CLHF professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to appropriate DHS staff for any scheduled or unscheduled visit. All CLHF documentation shall be maintained in compliance with the applicable Federal and State laws, Medi-Cal Provider Standards of Participation, and shall be retained by the CLHF for three years. The CLHF shall also maintain records to document the nursing staff requirements (see Nursing Services above) of these standards of participation have been met and have those records available for inspection or review by IHO upon request at any time an enrolled waiver participant is receiving services through a CLHF.

**Home and Community-Based Services (HCBS)
Nursing Facility/Acute Hospital (NF/AH) Waiver**

Standards of Participation

Congregate Living Health Facility cont.

7. Quality Control/Quality Assurance.

Quality control/quality assurance reviews will be in accordance with the Medi-Cal Operations Division/In-Home Operations (CDHS/IHO) Quality Assurance Functions described in the CMS

8. Training Requirements.

As a licensed CLHF, NF/AH Waiver service provider, and pursuant to H&S Code section 1267.13(o)(5), the CLHF shall ensure all CLHF staff receive training regarding care appropriate for each waiver participant's diagnoses and their individual needs. The supervisor(s) of licensed and unlicensed personnel will arrange for the training of their staff to be provided by the CLHF. Provision of the training to CLHF staff is a requirement to be enrolled as a NF/AH Waiver provider and is not reimbursed by either Medi-Cal or the NF/AH Waiver.

Pursuant to the Policies and Procedures of the CLHF and as a NF/AH Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective, scope of practice. CDHS Licensing & Certification will determine if the CLHF's policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their physician.

As determined by CDHS Licensing & Certification, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.